PM FORM 5.4.1 REQUEST FOR SPECIAL ASSISTANCE

(Link to Spanish Version)

A person deemed by a qualified clinician, case manager, clinical team or T/RBHA to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's need(s). An individual should be determined to need special assistance if, due to any one or more of the following: cognitive ability; intellectual capacity; sensory impairment; language barriers and/or medical condition, he/she is unable to communicate preferences for services and/or participate in service planning and/or grievance/appeal process.

PART A (to be completed by the T/RBHA or provider and faxed to Office of Human Rights at 602- 364-4590):
The following person may be in need of special assistance in participating in the Individual Service Planning process or in understanding and participating in the appeal, grievance or investigating process:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

CLINICAL LIAISON/CASE MANAGER: _____

PROVIDER/T/RBHA: _____ PHONE/FAX: _____

Please list specifically what services are needed to enable the client to participate in the ISP, appeal, grievance or investigation processes (e.g.. He/she has a developmental disability and has trouble understanding the grievance process): _____

_____

_____

What, if any, services are currently being arranged/provided to accommodate the special assistance need?

_____

_____

_____

Is the person aware that you have requested special assistance for them?

Yes_____ No (Explain) _____

_____

PART B (to be completed by OHR and faxed to originator of request):
What assistance will be provided by the Office of Human Rights or the Human Rights Committee, including date when assistance will be provided? _____

_____

_____

OHR/HRC Contact Name and Number: _____

PART C (to be completed by the T/RBHA or provider and faxed to OHR at 602-- 364-4590)

As of the following date, _____, the above referenced client is no longer in need of special assistance.